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## AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. BYRNE) at 5 o'clock and 6 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER  
PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

CLAY HUNT SUICIDE PREVENTION  
FOR AMERICAN VETERANS ACT

Mr. MILLER of Florida. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 203) to direct the Secretary of Veterans Affairs to provide for the conduct of annual evaluations of mental health care and suicide prevention programs of the Department of Veterans Affairs, to require a pilot program on loan repayment for psychiatrists who agree to serve in the Veterans Health Administration of the Department of Veterans Affairs, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 203

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

## SECTION 1. SHORT TITLE.

This Act may be cited as the "Clay Hunt Suicide Prevention for American Veterans Act" or the "Clay Hunt SAV Act".

SEC. 2. EVALUATIONS OF MENTAL HEALTH CARE  
AND SUICIDE PREVENTION PRO-  
GRAMS OF DEPARTMENT OF VET-  
ERANS AFFAIRS.

## (a) EVALUATIONS.—

(1) IN GENERAL.—Subchapter I of chapter 17 of title 38, United States Code, is amended by adding at the end the following new section:

"§1709B. Evaluations of mental health care  
and suicide prevention programs

"(a) EVALUATIONS.—(1) Not less frequently than once during each period specified in paragraph (3), the Secretary shall provide for the conduct of an evaluation of the mental health care and suicide prevention programs carried out under the laws administered by the Secretary.

"(2) Each evaluation conducted under paragraph (1) shall—

"(A) use metrics that are common among and useful for practitioners in the field of mental health care and suicide prevention;

"(B) identify the most effective mental health care and suicide prevention programs conducted by the Secretary, including such programs conducted at a Center of Excellence;

"(C) identify the cost-effectiveness of each program identified under subparagraph (B);

"(D) measure the satisfaction of patients with respect to the care provided under each such program; and

"(E) propose best practices for caring for individuals who suffer from mental health

disorders or are at risk of suicide, including such practices conducted or suggested by other departments or agencies of the Federal Government, including the Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services.

"(3) The periods specified in this paragraph are the following:

"(A) The period beginning on the date on which the Secretary awards the contract under paragraph (4) and ending on September 30, 2018.

"(B) Each fiscal year beginning on or after October 1, 2018.

"(4) Not later than 180 days after the date of the enactment of this section, the Secretary shall seek to enter into a contract with an independent third party unaffiliated with the Department of Veterans Affairs to conduct evaluations under paragraph (1).

"(5) The independent third party that is awarded the contract under paragraph (4) shall submit to the Secretary each evaluation conducted under paragraph (1).

"(b) ANNUAL SUBMISSION.—Not later than December 1, 2018, and each year thereafter, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report that contains the following:

"(1) The most recent evaluations submitted to the Secretary under subsection (a)(5) that the Secretary has not previously submitted to such Committees.

"(2) Any recommendations the Secretary considers appropriate."

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1709A the following new item:

"1709B. Evaluations of mental health care and suicide prevention programs."

(b) INTERIM REPORTS.—Not later than September 30 of each of 2016 and 2017, the Secretary of Veterans Affairs, in coordination with the independent third party awarded a contract by the Secretary pursuant to section 1709B(a)(4) of title 38, United States Code, as added by subsection (a)(1), shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the mental health care and suicide prevention programs carried out under the laws administered by the Secretary that includes, with respect to each such program, the following:

(1) A description of the program.

(2) The number of veterans served by the program.

(3) The budget of the program.

(4) The number of full-time equivalent employees assigned to the program.

(5) Whether veterans may repeat participation in the program or participate in the program in addition to other similar programs.

(6) Any study results or research published regarding the efficacy of the program.

(7) Any other information the Secretary determines appropriate.

SEC. 3. PUBLICATION OF INTERNET WEBSITE TO  
PROVIDE INFORMATION REGARDING  
MENTAL HEALTH CARE SERVICES.

(a) IN GENERAL.—Using funds made available to the Secretary of Veterans Affairs to publish the Internet websites of the Department of Veterans Affairs, the Secretary shall survey the existing Internet websites and information resources of the Department to publish an Internet website that serves as a centralized source to provide veterans with information regarding all of the mental health care services provided by the Secretary.

(b) ELEMENTS.—The Internet website published under subsection (a) shall provide to veterans information regarding all of the mental health care services available in the Veteran Integrated Service Network that the veteran is seeking such services, including, with respect to each medical center, Vet Center (as defined in section 1712A of title 38, United States Code), and community-based outpatient center in the Veterans Integrated Service Network—

(1) the name and contact information of each social work office;

(2) the name and contact information of each mental health clinic;

(3) a list of appropriate staff; and

(4) any other information the Secretary determines appropriate.

(c) UPDATED INFORMATION.—The Secretary shall ensure that the information described in subsection (b) that is published on the Internet website under subsection (a) is updated not less than once every 90 days.

(d) OUTREACH.—In carrying out this section, the Secretary shall ensure that the outreach conducted under section 1720F(i) of title 38, United States Code, includes information regarding the Internet website published under subsection (a).

SEC. 4. PILOT PROGRAM FOR REPAYMENT OF  
EDUCATIONAL LOANS FOR CERTAIN  
PSYCHIATRISTS OF VETERANS  
HEALTH ADMINISTRATION.

(a) ESTABLISHMENT.—The Secretary of Veterans Affairs shall carry out a pilot program to repay loans of individuals described in subsection (b) that—

(1) were used by such individuals to finance education relating to psychiatric medicine, including education leading to—

(A) a degree of doctor of medicine; or

(B) a degree of doctor of osteopathy; and

(2) were obtained from any of the following:

(A) A governmental entity.

(B) A private financial institution.

(C) A school.

(D) Any other authorized entity as determined by the Secretary.

(b) ELIGIBLE INDIVIDUALS.—

(1) IN GENERAL.—Subject to paragraph (2), an individual eligible for participation in the pilot program is an individual who—

(A) either—

(i) is licensed or eligible for licensure to practice psychiatric medicine in the Veterans Health Administration of the Department of Veterans Affairs; or

(ii) is enrolled in the final year of a residency program leading to a specialty qualification in psychiatric medicine that is approved by the Accreditation Council for Graduate Medical Education; and

(B) demonstrates a commitment to a long-term career as a psychiatrist in the Veterans Health Administration, as determined by the Secretary.

(2) PROHIBITION ON SIMULTANEOUS ELIGIBILITY.—An individual who is participating in any other program of the Federal Government that repays the educational loans of the individual is not eligible to participate in the pilot program.

(c) SELECTION.—The Secretary shall select not less than 10 individuals described in subsection (b) to participate in the pilot program for each year in which the Secretary carries out the pilot program.

(d) PERIOD OF OBLIGATED SERVICE.—The Secretary shall enter into an agreement with each individual selected under subsection (c) in which such individual agrees to serve a period of 2 or more years of obligated service for the Veterans Health Administration in the field of psychiatric medicine, as determined by the Secretary.

(e) LOAN REPAYMENTS.—

(1) AMOUNTS.—Subject to paragraph (2), a loan repayment under this section may consist of payment of the principal, interest, and related expenses of a loan obtained by an individual who is participating in the pilot program for all educational expenses (including tuition, fees, books, and laboratory expenses) of such individual relating to education described in subsection (a)(1).

(2) LIMIT.—For each year of obligated service that an individual who is participating in the pilot program agrees to serve under subsection (d), the Secretary may pay not more than \$30,000 in loan repayment on behalf of such individual.

(f) BREACH.—

(1) LIABILITY.—An individual who participates in the pilot program and fails to satisfy the period of obligated service under subsection (d) shall be liable to the United States, in lieu of such obligated service, for the amount that has been paid or is payable to or on behalf of the individual under the pilot program, reduced by the proportion that the number of days served for completion of the period of obligated service bears to the total number of days in the period of obligated service of such individual.

(2) REPAYMENT PERIOD.—Any amount of damages that the United States is entitled to recover under this subsection shall be paid to the United States not later than 1 year after the date of the breach of the agreement.

(g) REPORT.—

(1) INITIAL REPORT.—Not later than 2 years after the date on which the pilot program under subsection (a) commences, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the pilot program.

(2) ELEMENTS.—The report required by paragraph (1) shall include the following:

(A) The number of individuals who participated in the pilot program, including the number of new hires.

(B) The locations in which such individuals were employed by the Department, including how many such locations were rural or urban locations.

(C) An assessment of the quality of the work performed by such individuals in the course of such employment, including the performance reviews of such individuals.

(D) The number of psychiatrists the Secretary determines is needed by the Department in the future.

(3) FINAL REPORT.—Not later than 90 days before the date on which the pilot program terminates under subsection (i), the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives an update to the report submitted under paragraph (1) and any recommendations that the Secretary considers appropriate.

(h) REGULATIONS.—The Secretary shall prescribe regulations to carry out this section, including standards for qualified loans and authorized payees and other terms and conditions for the making of loan repayments.

(i) TERMINATION.—The authority to carry out the pilot program shall expire on the date that is 3 years after the date on which the Secretary commences the pilot program.

#### SEC. 5. PILOT PROGRAM ON COMMUNITY OUTREACH.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall establish a pilot program to assist veterans transitioning from serving on active duty and to improve the access of veterans to mental health services.

(b) LOCATIONS.—The Secretary shall carry out the pilot program under subsection (a) at not less than five Veterans Integrated Serv-

ice Networks that have a large population of veterans who—

(1) served in the reserve components of the Armed Forces; or

(2) are transitioning into communities with an established population of veterans after having recently separated from the Armed Forces.

(c) FUNCTIONS.—The pilot program at each Veterans Integrated Service Network described in subsection (b) shall include the following:

(1) A community oriented veteran peer support network, carried out in partnership with an appropriate entity with experience in peer support programs, that—

(A) establishes peer support training guidelines;

(B) develops a network of veteran peer support counselors to meet the demands of the communities in the Veterans Integrated Service Network;

(C) conducts training of veteran peer support counselors;

(D) with respect to one medical center selected by the Secretary in each such Veterans Integrated Service Network, has—

(i) a designated peer support specialist who acts as a liaison to the community oriented veteran peer network; and

(ii) a certified mental health professional designated as the community oriented veteran peer network mentor; and

(E) is readily available to veterans, including pursuant to the Veterans Integrated Service Network cooperating and working with State and local governments and appropriate entities.

(2) A community outreach team for each medical center selected by the Secretary pursuant to paragraph (1)(D) that—

(A) assists veterans transitioning into communities;

(B) establishes a veteran transition advisory group to facilitate outreach activities;

(C) includes the participation of appropriate community organizations, State and local governments, colleges and universities, chambers of commerce and other local business organizations, and organizations that provide legal aid or advice; and

(D) coordinates with the Veterans Integrated Service Network regarding the Veterans Integrated Service Network carrying out an annual mental health summit to assess the status of veteran mental health care in the community and to develop new or innovative means to provide mental health services to veterans.

(d) REPORTS.—

(1) INITIAL REPORT.—Not later than 18 months after the date on which the pilot program under subsection (a) commences, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the pilot program. With respect to each Veterans Integrated Service Network described in subsection (b), the report shall include—

(A) a full description of the peer support model implemented under the pilot program, participation data, and data pertaining to past and current mental health related hospitalizations and fatalities;

(B) recommendations on implementing peer support networks throughout the Department;

(C) whether the mental health resources made available under the pilot program for members of the reserve components of the Armed Forces is effective; and

(D) a full description of the activities and effectiveness of community outreach coordinating teams under the pilot program, including partnerships that have been established with appropriate entities.

(2) FINAL REPORT.—Not later than 90 days before the date on which the pilot program terminates under subsection (e), the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives an update to the report submitted under paragraph (1).

(e) CONSTRUCTION.—This section may not be construed to authorize the Secretary to hire additional employees of the Department to carry out the pilot program under subsection (a).

(f) TERMINATION.—The authority of the Secretary to carry out the pilot program under subsection (a) shall terminate on the date that is 3 years after the date on which the pilot program commences.

#### SEC. 6. COLLABORATION ON SUICIDE PREVENTION EFFORTS BETWEEN DEPARTMENT OF VETERANS AFFAIRS AND NON-PROFIT MENTAL HEALTH ORGANIZATIONS.

(a) COLLABORATION.—The Secretary of Veterans Affairs may collaborate with non-profit mental health organizations to prevent suicide among veterans as follows:

(1) To improve the efficiency and effectiveness of suicide prevention efforts carried out by the Secretary and non-profit mental health organizations.

(2) To assist non-profit mental health organizations with the suicide prevention efforts of such organizations through the use of the expertise of employees of the Department of Veterans Affairs.

(3) To jointly carry out suicide prevention efforts.

(b) EXCHANGE OF RESOURCES.—In carrying out any collaboration under subsection (a), the Secretary and any non-profit mental health organization with which the Secretary is collaborating under such subsection shall exchange training sessions and best practices to help with the suicide prevention efforts of the Department and such organization.

(c) DIRECTOR OF SUICIDE PREVENTION COORDINATION.—The Secretary shall select within the Department a Director of Suicide Prevention Coordination to undertake any collaboration with non-profit mental health organizations under this section or any other provision of law.

#### SEC. 7. ADDITIONAL PERIOD OF ELIGIBILITY FOR HEALTH CARE FOR CERTAIN VETERANS OF COMBAT SERVICE DURING CERTAIN PERIODS OF HOSTILITIES AND WAR.

Paragraph (3) of section 1710(e) of title 38, United States Code, is amended to read as follows:

“(3) In the case of care for a veteran described in paragraph (1)(D), hospital care, medical services, and nursing home care may be provided under or by virtue of subsection (a)(2)(F) only during the following periods:

“(A) Except as provided by subparagraph (B), with respect to a veteran described in paragraph (1)(D) who is discharged or released from the active military, naval, or air service after January 27, 2003, the five-year period beginning on the date of such discharge or release.

“(B) With respect to a veteran described in paragraph (1)(D) who is discharged or released from the active military, naval, or air service after January 1, 2009, and before January 1, 2011, but did not enroll to receive such hospital care, medical services, or nursing home care pursuant to such paragraph during the five-year period described in subparagraph (A), the one-year period beginning on the date of the enactment of the Clay Hunt Suicide Prevention for American Veterans Act.

“(C) With respect to a veteran described in paragraph (1)(D) who is discharged or released from the active military, naval, or air

service on or before January 27, 2003, and did not enroll in the patient enrollment system under section 1705 of this title on or before such date, the three-year period beginning on January 27, 2008.”.

#### SEC. 8. PROHIBITION ON NEW APPROPRIATIONS.

No additional funds are authorized to be appropriated to carry out this Act and the amendments made by this Act, and this Act and such amendments shall be carried out using amounts otherwise made available for such purposes.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. MILLER) and the gentlewoman from Florida (Ms. BROWN) each will control 20 minutes.

The Chair recognizes the gentleman from Florida.

#### GENERAL LEAVE

Mr. MILLER of Florida. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

There was no objection.

Mr. MILLER of Florida. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in proud support of H.R. 203, the Clay Hunt SAV Act. This bill was introduced by my good friend and a very important member of the Veterans Affairs' Committee, Congressman TIM WALZ from Minnesota. I am honored to join him and Congresswoman TAMMY DUCKWORTH from Illinois as an original cosponsor of this legislation. I am also grateful for the support of several of our military veterans' service organizations, including the Iraq and Afghanistan Veterans of America, the Veterans of Foreign Wars, the American Legion, the Disabled American Veterans, the Military Officers Association of America, and the Wounded Warrior Project.

H.R. 203 is named after a true American hero, Clay Hunt. Clay was a Marine Corps veteran who served honorably in both Afghanistan and Iraq, where he was wounded in battle. Clay returned home grappling with posttraumatic stress disorder but refused to let his personal struggles prevent him from devoting his time to humanitarian work and advocacy on behalf of his fellow veterans. However, in March of 2011, at just 28 years of age, Clay took his own life.

With an average of 22 veterans committing suicide each day, Clay was far from alone in his pain, and his family and friends are far from alone in their heartbreak over his loss. The last several years have seen significant increases in the Department of Veterans Affairs' mental health and suicide prevention budget, staff, and programs; however, we have not seen a corresponding decrease in the number of our Nation's heroes who take their own lives. What is more, for some groups of veterans, including female veterans and veterans of Iraq and Afghanistan, suicide rates are actually getting worse.

Mr. Speaker, we have got to do more to help these veterans access the supportive services and mental health care that they need to save their lives. With the passage of H.R. 203, we will.

To improve the efficiency and effectiveness of VA programs and increase awareness of available services, H.R. 203 would require an annual third-party evaluation of VA's mental health care and suicide prevention programs and require that VA publish an interactive Web site to serve as a central source of information regarding VA mental health services.

To increase VA's capacity to meet the mental health care needs of our veterans, it would establish a pilot program that would repay education loans for individuals who have received a degree in psychiatric medicine and who agree to work at the VA for at least 2 years.

To create a seamless transition from Active Duty to veteran status and increased community support for those in need, it would establish another pilot program to assist veterans during transition and require VA to collaborate with nonprofit mental health organizations in the community.

Importantly, H.R. 203 would extend an additional 1 year of eligibility for VA health care services for certain combat veterans who have not yet enrolled and whose 5-year combat eligibility period recently expired.

Before I yield, I want to take a moment to once again express my condolences to Clay's family and friends as well as the families and friends of our honored veterans who have lost their lives to suicide. I want to offer them my personal commitment to continue the aggressive pursuit to end veteran suicide.

The passage of this bill today is just the first in what will be a continuing series of legislative and oversight efforts that our committee is going to undertake throughout the 114th Congress to improve access to mental health care for veterans in need, increase the efficiency and effectiveness of VA's mental health and suicide prevention programs, and increase meaningful partnerships with community providers who are often the first line of defense for their struggling veterans and the families of those veterans.

This bill, which passed the House last Congress, will not single-handedly halt the scourge of veteran suicide, but it is an important step, and it is a step that we owe Clay and those like him who desperately need and certainly deserve our help.

With that, I urge all of my colleagues to join me in supporting H.R. 203.

Mr. Speaker, I reserve the balance of my time.

Ms. BROWN of Florida. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 203, the Clay Hunt SAV Act. This legislation passed the House last month in the closing days of the 113th Congress.

I am pleased that we were able to act on this measure as one of the first items of business in the 114th Congress.

Providing the mental health care that veterans need and effectively dealing with the crisis of veteran suicides have been longstanding concerns of the Committee on Veterans' Affairs. War is indeed terrible, and the effects of combat and service on our veterans lasts a lifetime. For far too long, society—and the military culture itself—has acted as if the need for mental health care treatment is a weakness and has discouraged adequate treatment. This attitude is changing, but it cannot change fast enough. In the area of mental health for our veterans and returning servicemembers, there is no easy answer or quick fix.

I appreciate the work of my friend from Minnesota, TIM WALZ; Chairman MILLER; and all of my colleagues on the committee in fashioning a bill that I believe will make a difference in the lives of our veterans.

H.R. 203 takes a number of important steps, including improving the safety net for at-risk veterans, while also introducing some accountability into the VA mental health care and suicide prevention program, using a third-party evaluation. It will provide veterans with a Web site that will serve as a centralized source of information on mental health services.

H.R. 203 initiates a program to help address some of the glaring mental health personnel shortages at the VA. While the incentives in this bill are limited to the psychiatry field, I would like to see this effort expanded in the future to all the mental health professional shortfalls.

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H.R. 203 would expand peer support networks, which we have heard are quite effectively used. And I believe the reporting requirement in this bill will confirm that additional resources should be permanently dedicated to fully utilizing peer support.

H.R. 203 would also provide an additional window of eligibility for combat veterans who may have missed the window of opportunity to sign up for VA health care. This extra time will help to ensure that veterans receive the health care, including mental health care, that they need.

I thank the chairman for working to bring this bill up quickly so that the House can act and send this important measure to the Senate. I look forward to working with Chairman MILLER, and with Florida being the State with the second-largest population of veterans and the most senior population, I know that the committee will do a good job having two of the leadership team from Florida.

But let me be clear: there are 435 Members of Congress, and each of them have veterans in their district, and we will work to make sure that all veterans get the care that they have earned and deserve.

Mr. Speaker, I reserve the balance of my time.

Mr. MILLER of Florida. Mr. Speaker, I thank the new ranking member for her words. I look forward to working with her on legislation in the future.

With that, Mr. Speaker, I yield 2 minutes to the gentlewoman from the Second District of Indiana, from Elkhart, Indiana (Mrs. WALORSKI).

Mrs. WALORSKI. Mr. Speaker, I thank the distinguished gentleman from Florida for yielding, and I am grateful to be here today to support the Clay Hunt SAV Act.

Every day, 22 veterans take their own lives. We have all experienced this in our districts; I have as well.

On March 31, 2011, Clay Hunt was one of those 22 veterans that day who took his own life. Today, we honor Clay and his family with the Clay Hunt SAV Act.

Clay's story was one of bravery and dedication. He relied on the VA for care and received a 30 percent disability rating for PTSD brought on during his service. He appealed the rating and encountered a bureaucratic nightmare.

Clay had to wait months to see a psychiatrist at a VA Medical Center. Two weeks later, Clay took his own life.

Five weeks after his death and 18 months after filing an appeal with the VA for his PTSD rating, his appeal was approved.

Clay's story details the urgency that our Nation's heroes deserve. The Clay Hunt SAV Act will increase access to mental health care and improve the quality of care troops and veterans receive.

Together, we can change this system so that no other veteran ever has to endure what thousands of veterans have already gone through, including Clay.

I am honored to stand here today and am grateful to my colleagues. I urge support for this legislation.

Ms. BROWN of Florida. Mr. Speaker, how much time is remaining?

The SPEAKER pro tempore. The gentlewoman from Florida has 16½ minutes remaining.

Ms. BROWN of Florida. Mr. Speaker, I yield 5 minutes to the gentleman from Minnesota (Mr. WALZ).

Mr. WALZ. Mr. Speaker, I thank the ranking member for your support of this important piece of legislation.

As you heard, we are here once again. We had a piece of legislation that attempted to, as I think the chairman spoke about, address an issue that cuts to the heart and the soul of this Nation: When our warriors come home, how can we reintegrate them?

And I think it is important, and I want to thank the chairman, one, for working so diligently on many numerous issues, but on this piece of legislation, and for bringing it back up again, but I think also for setting an example.

The Nation expects us to do what is right by our warriors. They expect us to work together to find solutions. Something that we do in the com-

mittee is looking and seeing where we can improve and pointing out where there are faults.

But that is not good enough. Pointing out the faults is one thing, and it is important. Finding solutions is what really matters, and this piece of legislation, I think, starts to do that.

To my colleagues who are here, I would say this. We can certainly disagree and disagree strongly and passionately. But I think if the public knew and they could feel it and, I think, in this piece of legislation see it, there are many more things that bind us together, and our care and our commitment for our warriors is one of those.

This is a piece of legislation that wasn't just written here in the Halls of Congress. It was written by the families, Susan and Richard Selke, Clay's parents; by the Houghtalings in Minnesota; and the Kellys in New Ulm, Minnesota; and each of these Members that you hear speak about it.

Since we passed this legislation, and it failed in the Senate, over 750 veterans have taken their lives.

Many times down here, we feel like everything we do is the most important thing that needs to happen now. Rarely is that true. In this case, it is.

We can't wait another day. We can't pass this problem forward because it is not only ripping at families, it is ripping at our Nation. These are our best and brightest.

You heard about Clay. Clay's a Marine who went to Iraq. He got shot by a sniper and, as a Marine, that irritated him. It didn't hurt him. He came back. He had his Purple Heart, and he could have come back and taken our thank yous. He didn't. He went to Afghanistan to continue on.

He knew the extremism that was threatening Iraq and Afghanistan would some day threaten this Nation, so he was forward. He did his time.

After he came back, that wasn't enough. He went to Haiti to help. After that, that wasn't enough. He sat in our offices on numerous occasions working on everything from access to the VA to the things you heard the gentlelady talk about in Indiana that were causing frustration amongst our veterans.

And I think for me the thing is, like for so many of us, Clay appeared to have everything. He appeared that he knew and was competent and had it there, but we all know that they have demons, and Clay had demons.

So what this piece of legislation does—you heard the specifics, and it does do specific things, and no one is claiming that this is going to be the fix.

But I would make the case that what the Clay Hunt bill has done and what it has done amongst our partners in the veterans service organizations is made it absolutely clear we will not leave anyone behind. We will not turn a blind eye to this, and we will not rest until we at least make the attempt to get that number down to zero. We may

never get there, but this piece of legislation starts to address it.

So I think it is important, and I want to thank the ranking member for being on this bill and putting it forward, and the chairman, who was an original author of this and has been instrumental in making it happen.

What we are doing here is not just passing legislation. What we are doing here is changing the attitudes, focusing the Nation's attention on this, because I don't care if it is Elkhart, Indiana, if it is Pensacola, Florida, or if it is Mankato, Minnesota.

When we go to talk to our constituents, regardless of their political leanings, they tell us, take care of our warriors, do what is right. Fix the system.

This piece of legislation does that. It does it in a cost-effective, smart manner, and we have got the opportunity to start moving forward.

I would say and encourage my colleagues, let's pass this thing, but let's not see it as an end result of a process we have been working on. Let's see it as the first of many things to try and make changes to be smarter about how we use taxpayer dollars, but also to demand effectiveness, because Clay's parents deserve that. Thousands of others across this Nation deserve that.

The more than 1 million veterans that will return over the next few years are counting on us to put everything in place to provide that help.

So I encourage my colleagues, support this legislation. I encourage my colleagues, take this as an example.

I want to thank Speaker BOEHNER and Majority Leader MCCARTHY for making it a priority. I think it speaks volumes. This piece of legislation is on the floor in the first week. That says something, that there is a commitment to getting it right, there is a commitment to working together, and there is a commitment to showing effectiveness for the American people.

So, we have got that opportunity. I ask my colleagues to support this legislation, get engaged with what is happening with our veterans, and let's prove that their service was not in vain, that this democracy is strong, that our commitment to them is unwavering and that, at the end of the day, that is what really matters.

Mr. Speaker, I am very grateful for the opportunity to again tell you about a very important piece of legislation that will help in our fight to improve mental health care for our returning warriors: H.R. 203, the Clay Hunt SAV Act. I'd like to thank the Chairman of the House Veterans Affairs Committee, Mr. MILLER, and Rep. DUCKWORTH for continuing to be my partners in this effort. I'd also like to thank Speaker BOEHNER for bringing this to the floor swiftly. And, a big thank you to Senators MCCAIN, BURR, BLUMENTHAL, and ISAKSON for all their work on the SAV Act. Most importantly, I'd like to thank Clay's parents, Susan and Richard Selke. They are holding Congress' feet to the fire to make sure we get this done and to prevent another family from going through what they continue to go

through each and every day. We cannot let them down.

H.R. 203, the Clay Hunt Suicide Prevention for American Veterans Act, is an example of how we can work together on Capitol Hill. The legislation is named in honor of Iraq and Afghanistan War Veteran and suicide prevention advocate, Clay Hunt. Clay epitomized what it meant to live a life of service, both in and out of uniform. He helped countless veterans overcome their demons but tragically took his own life in March of 2011. The legacy he left behind, however, will live on for generations to come.

The bill you see before you was the result of strong partnerships with our veteran service organizations, strong bipartisan efforts here in Congress, and the resolve of Clay's parents pushing and pushing and pushing to get this thing done. This bill is what you get when you have folks sitting around the table, trusting one another, and working together to get it right for our nation's veterans.

Our premise for this bill was simple: suicide occurs because many vets return to their community and then disconnect from it. So, we wanted to create a bill that would get the communities involved and coordinated. We also knew it would be important to increase both oversight of the VA and their capacity to deal with over a million veterans returning from war.

Specifically, the bill:

1. Establishes a peer support and community outreach pilot program to assist transitioning servicemembers with accessing VA mental health care services.

2. Requires the VA to create a one-stop, interactive website to serve as a centralized source of information regarding all mental health services for veterans.

3. Addresses the shortage of mental health care professionals by authorizing the VA to conduct a student loan repayment pilot program aimed at recruiting and retaining psychiatrists.

4. Requires yearly evaluations—with interim reports due in the first two years and a final report due the third year and every year after—conducted by a third party, of all mental health care and suicide prevention practices and programs at the VA to find out what is working and what's not working and to make recommendations to improve care. Authorizes a Government Accountability Office (GAO) report on the transition of care for PTSD and TBI between the DoD and the VA.

One veteran lost to suicide is one too many. With many of our warriors returning from war, all too often our heroes return only to face a war of their own at home. While there is no bill that will completely end veteran suicide, this bipartisan measure is a step in the right direction. In short, it's a start towards fixing a problem, but we must not lose focus on this problem after passing this bill. We must continue working to improve care for our veterans. I urge my colleagues to support this measure so that we can send it over to the Senate and onto the President swiftly.

Mr. MILLER of Florida. Mr. Speaker, I yield 2 minutes to the gentleman from the Sixth District of Pennsylvania (Mr. COSTELLO), a new member of the committee, who, in his first week, has already jumped in with both feet. Mr. COSTELLO has been to my office and started looking closely at the oversight agenda that we have.

Mr. COSTELLO of Pennsylvania. I thank the distinguished gentleman from Florida for yielding.

Mr. Speaker, I stand here today to express my support of Congressman TIM WALZ's Clay Hunt Suicide Prevention for American Veterans Act.

It is a privilege to serve on the House Committee on Veterans' Affairs and in this Congress, to work to improve the quality of life for our Nation's veterans, their families, and their caregivers.

In the coming months, I look forward to working in a bipartisan, commonsense manner with dedicated Members and veterans like my colleague from Minnesota (Mr. WALZ) to find solutions to help our Nation's veterans transition to civilian life.

One of the most critical areas that we as a committee and Congress must work to establish is comprehensive, timely, responsive, and effective mental health care services for our post-9/11 veterans, many of whom have served our country for multiple deployments in conditions not witnessed or experienced by any other generation of soldier.

This bill first prioritizes bringing accountability to the VA. By bringing in a third party to conduct an annual evaluation within the Department of Veterans Affairs, we can better provide agency accountability by doing just this.

Second, we must provide better access to mental health services for our veterans and their families. This bill does just that.

Finally, it helps facilitate and increase awareness for peer and community support providers for our veterans and their families.

This commonsense legislation works towards those priorities of providing an accountable and supportive VA for our veterans, in furtherance of helping veterans get the best treatment possible.

So, Mr. Speaker, I urge my colleagues on both sides of the aisle to support this commonsense legislation to promote mental health support for our Nation's heroes and thank Congressman WALZ for his leadership on this important legislation.

Ms. BROWN of Florida. Mr. Speaker, I yield 3 minutes to the gentlewoman from Texas (Ms. JACKSON LEE).

(Ms. JACKSON LEE asked and was given permission to revise and extend her remarks.)

Ms. JACKSON LEE. Mr. Speaker, this is an appropriate and wonderful statement of two distinguished Members of Congress, the chairman and ranking member of the Veterans' Affairs Committee, and I associate myself with their words on how crucial this legislation is, and what an important statement the Veterans' Affairs Committee is making: that there is no party affiliation when it comes to saving the lives of our men and women who put on the uniform.

To the author of this bill, Mr. WALZ, as I chatted with him on the floor, I in-

dedicated to him that just this weekend I met for hours with two wounded warriors, both of them having experience with PTSD, both of them being challenged about the transition into civilian life, both of them knowing of this legislation, feeling left out and deprived that it did not, despite the valiant effort of this House, pass in the last Congress.

So let me congratulate all of you for recognizing that this is a crucial, life-saving element of the men and women that we stand and admire and love. Every day, 22 veterans take their lives, but it is 8,000 a year.

And if I might say, Texas walks alongside of Florida and other States in having the highest number of returning vets. Two million served in Iraq and Afghanistan across the Nation. Now, one-third, 600,000, have experienced traumatic brain injury and PTSD.

From the early years of working with then-Chairman and Ranking Member Murtha, I was privileged to bring \$1 million to my district for PTSD, but that is not the heart of it.

The bleeding and the sorrow of these men and women is not befitting of the service and the uniform that they put on. Not one moment should they wait at a veterans hospital for treatment for PTSD that should keep them grounded. Not one moment should they be alone contemplating suicide, without treatment and friends and family having assistance.

This bill makes that statement, H.R. 203, the Clay Hunt SAV Act. It says that you are not alone and that we have put our actions where our words are. We have walked the walk.

So I want to say to those wounded warriors who shared their heart with me, proudly come back and say: This bill is moving, and as it moves to the United States Senate, this bill is moving. And as we look to the President's desk, a signature will allow this bill to be in place.

To those who missed the deadline, this law will allow you to still be able to receive that treatment because it allows an extended time for those who have missed the deadline.

I know as I go back home to Texas and meet families that they are looking for action when it comes to our beloved veterans and those who have put on the uniform to serve this Nation as they watched their comrades die. This is a bill that says, God bless America.

□ 1730

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Ms. BROWN of Florida. I yield an additional 1 minute to the gentlewoman from Texas.

Ms. JACKSON LEE. This is a bill that reflects the Constitution, the Declaration of Independence, and our wonderful Pledge of Allegiance to the flag of the United States of America.

I want to say to my friends at Ellington Field, which is just down the road

from my congressional district, and to the many bases across the State of Texas that have amongst their ranks veterans who have served in Active Duty and who are still pressing forward in spite of conditions that they face, this is the bill that provides the answer and the love and affection for the veterans and military personnel who have put on the uniform every day and who have never—never once—shied away from their duty and decided that their lives and their ills were greater than their commitment to this Nation.

We owe them this. This is a “God bless America” bill. I thank the proponents of it.

Mr. MILLER of Florida. Mr. Speaker, I would like to inquire of the ranking member how many speakers she has left.

Ms. BROWN of Florida. The last speaker just finished. I have no additional speakers.

Mr. MILLER of Florida. We have no additional speakers either, so we are prepared to close.

Mr. Speaker, I reserve the balance of my time.

Ms. BROWN of Florida. Mr. Speaker, I yield myself such time as I may consume.

It is unacceptable that 22 veterans are dying by suicide every day. We need to pull all stakeholders together to work as a group to solve the problem. There is not one cause and not one answer. There are a multitude of answers and a multitude of causes and solutions.

The Department of Defense, the VA, and the veterans service organizations need to work together to come up with many solutions that will meet the needs. There is not one solution but many. I pledge to work with my colleague from Minnesota and Chairman MILLER to address the issues in the upcoming session.

Access to mental health care and benefits for our veterans is an issue I plan to focus on in the months ahead, and I look forward to working with all of my colleagues to ensure that veterans are given the benefits and services that they have earned.

Mr. Speaker, I reserve the balance of my time.

Mr. MILLER of Florida. Mr. Speaker, I reserve the balance of my time.

Ms. BROWN of Florida. Mr. Speaker, I yield 2 minutes to the gentleman from Connecticut (Mr. LARSON).

Mr. LARSON of Connecticut. Mr. Speaker, I want to thank the ranking member, and certainly, I want to thank the chairman. I won't take the 2 minutes, but I want to thank them for their incredible cooperation on this most important of issues.

Derek Denfeld, from my district, lost his life. There has been sadness and the coming together of the community. Our hearts go out to his wife, Heather; to his son, Felix; and certainly to his parents, Deb and Chris, whom I know personally.

I thank the ranking member. I thank the sergeant major for his sponsorship

of this bill, and I thank the ranking member and the chairman for what is an important piece of legislation.

As noted, we can't wait another day for this to take effect.

Ms. BROWN of Florida. Mr. Speaker, I yield back the balance of my time.

Mr. MILLER of Florida. Mr. Speaker, in closing, I appreciate the comments from both sides of the aisle, and I look forward to working with all of our colleagues on future issues as they relate to the Department of Veterans Affairs and, in particular, the SAV Act.

I yield back the balance of my time.

Ms. DUCKWORTH. Mr. Speaker, I was pleased that my colleagues unanimously agreed during the 113th Congress that we must act to combat Veteran suicide and I am grateful that we are acting quickly in the first days of the 114th Congress to address this critical unfinished business. The statistics are heartbreaking. An average of 22 Veterans commit suicide every day. So each day that we delay action is a day we cannot afford. I was proud to help introduce HR. 5059, Clay Hunt Suicide Prevention for American Veterans Act with Chairman JEFF MILLER and Representative TIM WALZ. While there is no bill that will completely end Veteran suicide, this comprehensive measure is a step in the right direction. It will remove barriers that prevent our nation's heroes from getting the quality, timely mental health care that they deserve. It is my sincere hope that my colleagues in the Senate will take note of the momentum in the House and bring this legislation to the Senate Floor as soon as possible.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida (Mr. MILLER) that the House suspend the rules and pass the bill, H.R. 203.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Ms. BROWN of Florida. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

#### PROTECTING VOLUNTEER FIREFIGHTERS AND EMERGENCY RESPONDERS ACT

Mr. RYAN of Wisconsin. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 33) to amend the Internal Revenue Code of 1986 to ensure that emergency services volunteers are not taken into account as employees under the shared responsibility requirements contained in the Patient Protection and Affordable Care Act.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 33

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the “Protecting Volunteer Firefighters and Emergency Responders Act”.

#### SEC. 2. EMERGENCY SERVICES, GOVERNMENT, AND CERTAIN NONPROFIT VOLUNTEERS.

(a) IN GENERAL.—Section 4980H(c) of the Internal Revenue Code of 1986 is amended by redesignating paragraphs (5), (6), and (7) as paragraphs (6), (7), and (8), respectively, and by inserting after paragraph (4) the following new paragraph:

“(5) SPECIAL RULES FOR CERTAIN EMERGENCY SERVICES, GOVERNMENT, AND NONPROFIT VOLUNTEERS.—

“(A) EMERGENCY SERVICES VOLUNTEERS.—Qualified services rendered as a bona fide volunteer to an eligible employer shall not be taken into account under this section as service provided by an employee. For purposes of the preceding sentence, the terms ‘qualified services’, ‘bona fide volunteer’, and ‘eligible employer’ shall have the respective meanings given such terms under section 457(e).

“(B) CERTAIN OTHER GOVERNMENT AND NONPROFIT VOLUNTEERS.—

“(i) IN GENERAL.—Services rendered as a bona fide volunteer to a specified employer shall not be taken into account under this section as service provided by an employee.

“(ii) BONA FIDE VOLUNTEER.—For purposes of this subparagraph, the term ‘bona fide volunteer’ means an employee of a specified employer whose only compensation from such employer is in the form of—

“(I) reimbursement for (or reasonable allowance for) reasonable expenses incurred in the performance of services by volunteers, or

“(II) reasonable benefits (including length of service awards), and nominal fees, customarily paid by similar entities in connection with the performance of services by volunteers.

“(iii) SPECIFIED EMPLOYER.—For purposes of this subparagraph, the term ‘specified employer’ means—

“(I) any government entity, and

“(II) any organization described in section 501(c) and exempt from tax under section 501(a).

“(iv) COORDINATION WITH SUBPARAGRAPH (A).—This subparagraph shall not fail to apply with respect to services merely because such services are qualified services (as defined in section 457(e)(11)(C)).”

(b) EFFECTIVE DATE.—The amendments made by this section shall apply to months beginning after December 31, 2013.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Wisconsin (Mr. RYAN) and the gentleman from Connecticut (Mr. LARSON) each will control 20 minutes.

The Chair recognizes the gentleman from Wisconsin.

#### GENERAL LEAVE

Mr. RYAN of Wisconsin. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 33, currently under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Wisconsin?

There was no objection.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield myself such time as I may consume.

I am here bringing forward Mr. BARLETTA's bill, and it is really simple. One of the cornerstones of our civil society—one of the great pieces of the American story—is volunteerism but, in particular, volunteerism among our first responders.